

Project Proposal: Human Resources Certification Program

Recommendations:

- i Review *the HRCP Project Handbook* prior to completing this form.
- i Attend "HRCP Project Workshop" prior to project completion.
- i Complete Modules I-V of the HRCP.

Name: _____ Email Address: _____

Work Address

(Street/City/Zip): _____

Organization/Division: _____

Work Phone #/Ext.: _____ MELMS ID #: _____

Instructions: *Complete sections A-E (use additional pages if required)

*Obtain supervisor's signature.

*Submit a copy to the HRCP Coordinator for approval by the HRCP Project Evaluator.

The HRCP Project Evaluator will approve the Project Proposal and/or make recommendations for change. *Approval of a proposal does not signify approval of the completed project nor affect a participant's program status.*

A. Project Title: _____

B. Problem and/or Situation: (Describe the problem and/or situation, why you chose it, and generally what you plan to do to address or resolve it.)

C. Results/Benefits/Effectiveness: (Explain why implementing the project will result in specific improvements and benefits and describe the outcomes you expect to see.)

D. Action: (List and explain the various steps you will go through to plan your project, communicate with other parties, obtain necessary authorizations, and implement the project.)

E. Evaluation: (Describe the specific survey techniques, feedback processes, or documented observations you plan to use to determine the overall effectiveness of your project. Explain the information you expect to receive and how it will demonstrate the success (or lack of success) of your project.)

Participant Signature: _____ **Date:** _____

I have reviewed the project proposal of this employee and have determined that the project is appropriate for the organization and the development of the employee as a human resources professional. I agree to assist in the administration and evaluation of the performance of this project:

Supervisor's Approval: _____ **Date:** _____

Organization Director/
Agency Head Approval (optional): _____ **Date:** _____

Send to: **Mississippi State Personnel Board**
 Attn: Cheryl Cain, HRCP Coordinator
 Robert G. Clark, Jr. Building
 301 North Lamar St., Ste. 203
 Jackson, MS 39201 or Handmail

7/21/08